

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

10/06/2004 GWORDDF1 00000007 10711645

01 FC:1001	770.00 OP
02 FC:1201	86.00 OP
03 FC:1202	378.00 OP

PTO-1556  
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10711,645

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	41		
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	41	minus 20 =	21
INDEPENDENT CLAIMS	24	minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	***	=	
Total	*	Minus	***	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	378
X43=		OR X86=	86
+145=		OR +290=	
TOTAL		OR TOTAL	1,234

OTHER THAN  
OR SMALL ENTITY

SMALL ENTITY	OR	SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	***	=	
Total	*	Minus	***	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	***	=	
Total	*	Minus	***	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# Electronic Filing System (EFS) Data

## Electronic Patent Application Submission

### USPTO Use Only

EFS ID: 69528

Application ID: 10711645



**Title of Invention:** FOR THE MANUFACTURE OF  
COMPOSITE LAYER STRUCTURES

First Named Inventor: Jerry KARLSSON

**Domestic/Foreign Application:** Domestic Application

Filing Date: 2004-09-29

Effective Receipt Date: 2004-09-29

**Submission Type:** Utility Patent Filing

Filing Type: new-utility

Confirmation number: 5644

Attorney Docket Num

Total Fees Authorized. 1524.0

## Payment Category: Credit Card

Credit Card Number: \*\*\*\*|048

Expiration Date: 04302004

Card Holder Name: CHARNA K ELMORE

Postal Code: 22101

RAM Payment Status: **RAM has been failed because:**

**Credit Card Expiration Date has passed.**

Digital Certificate Holder: cn=Tracy Wesley Druce,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US  
Certificate Message Digest: ecd3dc45341497452dae0207f2fd994145d34f38

## FEE TRANSMITTAL

Electronic Version v08  
Stylesheet Version v08.0

Title of Invention	ARRANGEMENT AND METHODS FOR THE MANUFACTURE OF COMPOSITE LAYER STRUCTURES
Application Number: Date: First Named Applicant: Jerry KARLSSON Attorney Docket Number: 7589.207.PCUS00	

### TOTAL FEE AUTHORIZED \$1524

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

#### BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	770	770
Subtotal For Basic Filing Fee: \$770			

#### EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 41	21	1202	18	378
Independent Claims: 4	1	1201	86	86
Multiple Dependent Claims		1203	290	290
Subtotal For Extra Claims Fees: \$ 754				

#### AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 1048

Expiration Date (YYYYMMDD): 2004-04-30

Authorized name: CHARNA K ELMORE

Billing address: 22101

## APPLICATION DATA SHEET

Electronic Version v14  
Stylesheet Version v14.0

Title of Invention	ARRANGEMENT AND METHODS FOR THE MANUFACTURE OF COMPOSITE LAYER STRUCTURES	
Application Type:	regular, utility	
Attorney Docket Number:	7589.207.PCUS00	
Correspondence address:	Customer Number:	28694 
Continuing Data:	This is a Continuation of IB application number PCT/EP03/03303, filed 2003-03-29, now Abandoned.	
Priority Data:	Doc.No: 10214010.3; Country - DE; Date: 2002-03-29 us-priority-claimed	
Inventor Information:		
<u>Inventor 1:</u>		
Applicant Authority Type:	Inventor	
Citizenship:	SE	
Given Name:	Jerry	
Family Name:	KARLSSON	
City of Residence:	Trollhattan	
Country of Residence:	SE	
Address-1 of Mailing Address:	Klippgatan 32 B	
Address-2 of Mailing Address:		
City of Mailing Address:	Trollhattan	
State of Mailing Address:		
Postal Code of Mailing Address:	S-461 54	
Country of Mailing Address:	SE	

Phone:

Fax:

E-mail:

**Attorney Information:**

practitioner(s) at Customer Number:

28694



as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Publication Information:**

Suggested Figure for Publication - Fig. 1

Suggested Classification -

Suggested Technology Center -

Total Number of Drawing Sheets -

**Assignee 1:**

Organization Name: HSSA SWEDEN AB

Address-1 of Mailing Address: Akerssjovagen 10

Address-2 of Mailing Address:

City of Mailing Address: Trollhattan

State of Mailing Address:

Postal Code of Mailing Address: S-461 29

Country of Mailing Address: SE

Phone:

Fax:

E-mail: